

# Calhoun County Health Improvement Plan

Date Updated: February 25, 2016



**Public Health**  
Prevent. Promote. Protect.

**Calhoun County**



Stewart Memorial  
Community Hospital

For additional information, CONTACT:

Name	Organization	Phone	Email
Jane Condon	Calhoun County Public Heath	712-297-8323	jcondon@calhouncountyiowa.com
Cindy Carstens	Stewart Memorial Community Hospital	712-464-3171	ccarstens@stewartmemorial.org

# Community Priority

## Chronic Disease Prevention and Screening

<b>Goal #1</b> Reduce the number of newly diagnosed cases of diabetes in the population.	<b>National Alignment</b> D-1 Reduce the annual number of new cases of diagnosed diabetes in the population (HP2020)	<b>State Alignment</b> 4.1.13 Increase use of health literacy-inclusive interventions among outpatient self-management education programs (IA HIP 2015)							
<b>Objective 1-1</b> Increase preventive behaviors in persons at high risk for diabetes with pre-diabetes education from 0 persons in 2015 to 25 persons in 2017.	<table border="1"> <thead> <tr> <th>Baseline Year</th> <th>Baseline Value</th> <th>Target Year</th> <th>Target Value</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>0 persons</td> <td>2017</td> <td>25 persons</td> </tr> </tbody> </table>	Baseline Year	Baseline Value	Target Year	Target Value	2015	0 persons	2017	25 persons
Baseline Year	Baseline Value	Target Year	Target Value						
2015	0 persons	2017	25 persons						
<b>Strategy 1-1.1</b> Implement evidence-based National Diabetes Prevention Program (NDPP) for groups that address multiple health factors including nutrition, weight loss and physical activity.	<b>Strategy Type</b> Counseling & Education  <u>Who's Responsible</u> Nutritionist - Stewart Memorial Community Hospital  <u>Target Date</u> Sep 1, 2016								
<b>Strategy 1-1.2</b> Seek funding to promote and subsidize the cost of NDPP educational classes for persons who demonstrate, on a sliding fee basis, they cannot afford to pay for the course.	<b>Strategy Type</b> Address Social Determinant / Health Inequity  <u>Who's Responsible</u> Public Health and Stewart Memorial Community Hospital staff  <u>Target Date</u> May 18, 2016								
<b>Goal #2</b> Reduce conditions related to the number of newly diagnosed adult cases of cancer, chronic joint conditions, chronic respiratory disease, heart disease, and stroke.	<b>National Alignment</b> Overarching Goal: Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death (HP2020)	<b>State Alignment</b> 4-1.2 Collaborate with other groups to address the importance of physical activity, self-management, and proper nutrition to reduce limitations in activity related to arthritis and other chronic diseases (IA HIP 2015)							
<b>Objective 2-1</b> Increase access to HbA1c, cholesterol, BMI, and blood pressure screenings followed by comprehensive health education in a variety of community-based settings by 100%.	<table border="1"> <thead> <tr> <th>Baseline Year</th> <th>Baseline Value</th> <th>Target Year</th> <th>Target Value</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>50 adults</td> <td>2020</td> <td>100</td> </tr> </tbody> </table>	Baseline Year	Baseline Value	Target Year	Target Value	2015	50 adults	2020	100
Baseline Year	Baseline Value	Target Year	Target Value						
2015	50 adults	2020	100						
<b>Strategy 2-1.1</b> Schedule screenings at work sites, schools, community activities and gatherings through targeted communication focusing on the relationship between early detection, disease prevention, and health insurance benefits.	<b>Strategy Type</b> Clinical Intervention  <u>Who's Responsible</u> Public Health Care Coordinators and Program staff; Stewart Memorial Community Hospital; Board of Health; ISU Extension  <u>Target Date</u> Mar 16, 2016								
<b>Strategy 2-1.2</b> Utilize Star Rating Quality Measures to measure performance.	<b>Strategy Type</b> Clinical Intervention  <u>Who's Responsible</u> Stewart Memorial Community Hospital  <u>Target Date</u> Mar 16, 2016								

Objective 2-2	Increase community awareness of the relationship between health factors and quality of life implications for chronic disease prevention in all age groups.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	46th County Health Ranking	2020	35th County Health Ranking

Strategy 2-2.1 Conduct county-wide mass media campaigns focusing on the relationship between disease prevention and healthy lifestyle choices for physical activity, nutrition and healthy weight maintenance.

Strategy Type  
Address Social Determinant / Health Inequity

Who's Responsible  
Public Health; Stewart Memorial Community Hospital; Board of Health; ISU Extension; Iowa Cancer Consortium; National Association of County and City Health Officials (NACCHO); County Health Rankings Road Maps (CHRRM)

Target Date  
Mar 16, 2016

Strategy 2-2.2 Research and utilize a model / evidence-based tool to assess each county municipality and rural recreational area, for accessibility and appropriateness for walking and bicycling; update list of available sites for county-wide distribution in newspapers, radio, newsletters, emails, websites, social media and at community events.

Strategy Type  
Environmental / Policy / Systems Change

Who's Responsible  
Public Environmental Health; City Councils; Conservation Board/DNR; School Boards; Inter-agency Councils; ISU Extension; Iowa Cancer Consortium; NACCHO; CHRRM

Target Date  
Mar 16, 2016

Strategy 2-2.3 Conduct feasibility study and seek funding resources to develop local areas currently denied public access or shared-use for physical activity.

Strategy Type  
Address Social Determinant / Health Inequity

Who's Responsible  
Public Environmental Health; City Councils; Conservation Board/DNR; School Boards; Inter-agency Councils; ISU Extension; Iowa Cancer Consortium; NACCHO; CHRRM

Target Date  
Mar 16, 2016

Strategy 2-2.4 Research evidence-based models related to food security and local system improvement. Inventory each municipality for Community Garden, Farmer's Markets and food pantry locations and their distribution plans for fresh fruits and vegetables. Document and communicate recommendations for improvements to local officials.

Strategy Type  
Address Social Determinant / Health Inequity

Who's Responsible  
Public Environmental Health; Board of Health; Stewart Memorial Community Hospital; ISU Extension; WIC; MOMs; Family Foundations; Farmers Markets; Congregate Meal Sites; School Boards; City Councils; NACCHO; CHRRM; Healthy People 2020; Iowa Health Improvement Plan

Target Date  
Mar 16, 2016

Strategy 2-2.5 Promote and assist individuals with children to enroll in WIC, Iowa Food Assistance programs and access food pantries.

Strategy Type  
Address Social Determinant / Health Inequity

Who's Responsible  
Public Health Care Coordinators and staff; Family Development Center; New Opportunities, Inc / WIC; County General Assistance staff; MOMs Coordinator; Family Foundations Program Manager

Target Date  
Mar 16, 2016

<p>Strategy 2-2.6</p>	<p>Regularly measure the body mass index of patients and provide counseling or education related to nutrition and weight.</p> <p><u>Who's Responsible</u> Public Health Care Coordinators and Program Managers; Stewart Memorial Community Hospital and clinicians; ISU Extension; Iowa Cancer Consortium; Iowa Nutrition Network</p>	<p><u>Strategy Type</u> Clinical Intervention</p> <p><u>Target Date</u> Mar 16, 2016</p>
<p>Strategy 2-2.7</p>	<p>Communicate nutrition and healthy weight management benefits using county-wide distribution in newspapers, radio, newsletters, emails, websites, social media, billboards, and at community events; initiate poster contests in schools</p> <p><u>Who's Responsible</u> Public Health; Stewart Memorial Community Hospital; ISU Extension; work sites; employers; Iowa Cancer Consortium; Iowa Nutrition Network; schools</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> Mar 16, 2016</p>
<p>Strategy 2-2.8</p>	<p>Communicate cancer prevention messages utilizing mass media campaigns targeting individuals and groups of all ages; initiate poster contests in schools.</p> <p><u>Who's Responsible</u> Public Health Healthy Behaviors Program staff; Stewart Memorial Community Hospital staff; ISU Extension; Iowa Cancer Consortium; schools</p>	<p><u>Strategy Type</u> Address Social Determinant / Health Inequity</p> <p><u>Target Date</u> Jul 1, 2016</p>

# Community Priority

## Addictive Behaviors in Adults & Youth

<b>Goal #1</b> Reduce illness, disability and death related to tobacco products and second-hand smoke exposure.	<b>National Alignment</b> TU-1 Reduce use of tobacco products by adults (HP2020)	<b>State Alignment</b> 3-1.8 Increase the number of Quitline participants 3-1.10 Develop a comprehensive strategy for youth tobacco prevention in Iowa (IA HIP 2015)			
<b>Objective 1-1</b> Decrease number of persons >18 years of age that smoke cigarettes from 22% in 2015 to 15% in 2020.	Baseline Year 2015	Baseline Value 22%	Target Year 2020	Target Value 15%	
<b>Strategy 1-1.1</b> Increase number of referrals to Smoking Cessation classes and/or Quitline from health providers.	<b>Strategy Type</b> Long-Lasting Protective Intervention  <u>Who's Responsible</u> Public Health Tobacco Prevention Program Manager; Stewart Memorial Community Hospital staff and clinicians; CFR Project Manager  <u>Target Date</u> May 18, 2016				
<b>Strategy 1-1.2</b> Implement anti-tobacco mass media campaign targeting adults and youth during Tobacco Prevention Month; initiate poster contests in schools.	<b>Strategy Type</b> Long-Lasting Protective Intervention  <u>Who's Responsible</u> Public Health Tobacco Prevention Program Manager; Stewart Memorial Community Hospital staff and clinicians; CFR Project Manager; schools  <u>Target Date</u> May 18, 2016				
<b>Goal #2</b> Reduce alcohol abuse to protect the health safety and quality of life for all, especially children.	<b>National Alignment</b> SA-2.1 Increase the proportion of at risk adolescents age 12-17 who, in the past year, refrained from using alcohol for the first time (HP2020)	<b>State Alignment</b> 3-1.1 Fund 12 counties with the highest need for improvement, based on indicators for underage drinking, adult binge drinking, and a combined legal consequence rate (IA HIP 2015)			
<b>Objective 2-1</b> Reduce the proportion of 6th and 8th-graders who report alcohol usage (more than few sips) on Iowa Youth Survey from 33% in 2015 to 25% in 2020.	Baseline Year 2015	Baseline Value 33%	Target Year 2020	Target Value 25%	
<b>Strategy 2-1.1</b> Expand participation for at risk youth in education and evidence-based substance abuse interventions; initiate poster contests in schools.	<b>Strategy Type</b> Address Social Determinant / Health Inequity  <u>Who's Responsible</u> Community and Family Resources (CFR) Project Manager; Public Health and Hospital HIP work group; Board of Health; Law Enforcement; County Attorney; schools  <u>Target Date</u> May 18, 2016				
<b>Strategy 2-1.2</b> Collaborate with CFR to implement alcohol abuse mass media campaign in conjunction with youth-based education; initiate poster contests in schools.	<b>Strategy Type</b> Address Social Determinant / Health Inequity  <u>Who's Responsible</u> CFR Project Manager; Public Health and Hospital HIP work group; Board of Health; Law Enforcement; County Attorney; schools  <u>Target Date</u> May 18, 2016				

Objective 2-2	Reduce the proportion of persons >18 who report binge or heavy drinking from 27% in 2015 to 21% in 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	27%	2020	21%

Strategy 2-2.1 Collaborate with CFR to implement alcohol abuse mass media campaign to the community, in conjunction with youth-based education.

Strategy Type  
Address Social Determinant / Health Inequity

Who's Responsible  
CFR Project Manager; Public Health and Hospital HIP work group; Board of Health; Law Enforcement; County Attorney

Target Date  
May 18, 2016

Strategy 2-2.2 Expand participation for adults in education and evidence-based substance abuse interventions.

Strategy Type  
Address Social Determinant / Health Inequity

Who's Responsible  
CFR Project Manager; Public Health and Hospital HIP work group; Board of Health; Law Enforcement; County Attorney

Target Date  
May 18, 2016

# Community Priority

## Unintentional injury rates for adults and children

**Goal #1** Prevent unintentional injuries, deaths, and violence and reduce their consequences.

### National Alignment

IVP-11 Reduce unintentional injury deaths.  
IVP-12 Reduce non-fatal unintentional injuries (HP2020)

### State Alignment

7-1 Decrease hospitalization rate related to falls > 65 years.  
7-3 Increase seatbelt use to reduce injuries and deaths from motor vehicle crashes.  
7-5 Reduce rate of all intentional and unintentional fatal injuries (IA HIP 2015)

Objective 1-1	Reduce motor vehicle crash deaths with alcohol involvement from 30% in 2015 to 15% in 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	30%	2020	15%

Strategy 1-1.1 Implement a multi-component intervention campaign using researched sources to reduce alcohol-impaired driving; initiate poster contest in schools

### Strategy Type

Address Social Determinant / Health Inequity

### Who's Responsible

CFR Project Manager; Public Health and Hospital HIP Work group; ; Board of Health; Law Enforcement; County Attorney; schools; NACCHO; CHRRM; Healthy People 2020; Iowa Health Improvement Plan

### Target Date

May 18, 2016

Objective 1-2	Decrease local injury rate from 79 in 2015 to Iowa's rate of 59 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	79	2020	59

Strategy 1-2.1 Increase participation in current evidence-based fall prevention and caretaker protection programs through referral partnerships with clinicians and Elderbridge AAA.

### Strategy Type

Environmental / Policy / Systems Change

### Who's Responsible

Public Health Matter of Balance staff; Stewart Memorial Community Hospital Powerful Tools for Caretakers staff; Board of Health; CHNA&HIP work group; SMCH clinicians; Area Agencies on Aging (Elderbridge, North East Iowa)

### Target Date

Mar 16, 2016

Strategy 1-2.2 Research for and implement Social Marketing Campaigns and community events with focus on machinery, motor vehicles, and water safety, including investments and distribution of safety supplies and equipment; initiate poster contest in schools

### Strategy Type

Address Social Determinant / Health Inequity

### Who's Responsible

Public Health Prevent Injury staff; ISU Extension; schools: IDPH Injury Prevention Program; NACCHO; CHRRM; Healthy People 2020; Iowa Health Improvement Plan

### Target Date

Mar 16, 2016

Objective 1-3	Reduce confirmed or founded events of child abuse and neglect from 106 in 2014 to 0 in 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	106	2020	0

Strategy 1-3.1 Increase support for credentialed early childhood home visitation programs, Child Care Nurse Consultant, and informal support groups by promoting to clinicians and the general public.

### Strategy Type

Counseling & Education

Who's Responsible

Family Foundations Program Manager; SMCH OB clinicians; MOMs leader; Public Health social media staff; Inter-agency Council; CFI; Child Care Resource and Referral (CCR&R)

Target Date

Mar 16, 2016

Strategy 1-3.2 Increase coordination of care for at risk families among Calhoun County Inter-agency Council members.

Strategy Type

Address Social Determinant / Health Inequity

Who's Responsible

Family Foundations Program Manager and Family Service Workers; Child Care Nurse Consultant; Calhoun County Inter-agency Council; CFI; CCR&R

Target Date

Mar 16, 2016

Objective 1-4 Reduce the the percent of 6th through 11th grade students who report being bullied 1 or more times in the past 30 days from 70% of females and 54% of males in 2014 to 45% in 2020.

Baseline Year	Baseline Value	Target Year	Target Value
2014	70% females; 54% males	2020	45%

Strategy 1-4.1 Research anti-bullying and positive relationship-building resources for social media messages and determine multiple methods of communication to and participation with the general public.

Strategy Type

Address Social Determinant / Health Inequity

Who's Responsible

Public Health Prevent Injury staff; Board of Health; CHNA&HIP work group; School officials; Inter-agency Council; NACCHO; CHRRM; Healthy People 2020; Iowa Health Improvement Plan

Target Date

Mar 16, 2016

# Community Priority

## Healthy Living Environment

**Goal #1** Safe and healthy housing for all

### National Alignment

EH-19 Reduce the proportion of occupied housing units that have moderate or severe physical problems (HP2020)

### State Alignment

5-1.2 Continue developing viable lowa communities with decent housing and suitable living environment and expanding economic opportunities primarily for persons of low and moderate incomes  
5-1.4 Develop understanding of radon data quality and communicate radon health risks (IA HIP 2015)

**Objective 1-1** Expand Healthy Homes Program to include rental agreements that assure decent housing and suitable living environment prior to habitation. Baseline: No current system in Calhoun County towns

Baseline Year	Baseline Value	Target Year	Target Value
2015	0 ordinances	2020	3 ordinances

**Strategy 1-1.1** Request dialogue with City Councils for adoption of written minimum housing standards, ordinances or written agreements between landlord and renter that assures basic living environment expectations & compliance from both parties prior to habitation.

### Strategy Type

Environmental / Policy / Systems Change

### Who's Responsible

Public Environmental Health Program Manager; Board of Health; Calhoun County Economic Development; City Councils

### Target Date

Mar 16, 2016

**Strategy 1-1.2** Increase the number of homes with functioning smoke detectors by 100 homes.

### Strategy Type

Address Social Determinant / Health Inequity

### Who's Responsible

Public Environmental Health Program Manager and designated staff; Fire Departments

### Target Date

Mar 16, 2016

**Strategy 1-1.3** Communicate radon and/or carbon monoxide health risks and distribute self-test kits to the general public; assist persons with high radon results and/or CO risk factors with remediation options. Distribute Healthy Homes booklet to City Halls and other distribution points.

### Strategy Type

Address Social Determinant / Health Inequity

### Who's Responsible

Public Health Environmental Program Manager and designated staff

### Target Date

Mar 16, 2016

**Strategy 1-1.4** Continue blood lead-testing, education and environmental assessment of homes when a lead-poisoned child is identified according to MCH guidelines. Sustain the capacity to assess potential environmental exposure to other metals if needed. Seek funding for purchase of multi-contaminant analyzing tool.

### Strategy Type

Clinical Intervention

### Who's Responsible

Well-child screening medical home clinicians and public health staff; MCH program partners; Public Health Environmental staff

### Target Date

Feb 29, 2016

**Goal #2** Surface and ground water quality

National Alignment

EH-29 Reduce exposure to selected environmental chemicals, as measured by blood and urine concentration or their metabolites (HP2020)

State Alignment

5-1.7 Reduce exposure to elevated nitrate levels in drinking water in private wells and public water systems  
 5-1.8 Continue funding sewer system and water system improvements, water and waste water treatment  
 5-1.10 Reduce exposure to arsenic from private wells through monitoring and education (IA HIP 2015)

**Objective 2-1** Retain qualified EH staff to manage and grow the Grants to Counties Program into areas of the County and region that have low or no history of water quality testing and well renovation utilization by at least maintaining in 2020, the 202 water samples collected in 2015.

Baseline Year	Baseline Value	Target Year	Target Value
2015	202 Water Samples	2020	202 Water Samples

**Strategy 2-1.1** Distribute mass mailing informing of water testing access; train additional staff to assist with collecting samples and counseling consumers on results. Promote well closures or renovations during water test or other grant-funded promotions. Work with regional EH workers to expand their water quality programs.

Strategy Type  
 Environmental / Policy / Systems Change

Who's Responsible

Public Environmental Health Manager; Webster County Health Dept; Iowa Dept of Environmental Health

Target Date

Feb 29, 2016

**Strategy 2-1.2** Train additional public health staff and / or develop volunteer group in the IOWATER Program with attendance at a IOWATER workshop to assist with their Mission of protecting and improving Iowa's water quality.

Strategy Type  
 Environmental / Policy / Systems Change

Who's Responsible

Public Environmental Health Manager; IOWATER; Dept of Natural Resources

Target Date

Mar 16, 2016

**Objective 2-2** Retain qualified EH staff to manage and grow the private septic system program into areas of the County and region that have low or no history of septic system low-interest loan program utilization by at least maintaining in 2020, the 40 septic permits approved in 2015.

Baseline Year	Baseline Value	Target Year	Target Value
2015	40	2020	40

**Strategy 2-2.1** Distribute mass mailing informing of septic system low-interest loan program. Promote well closures or renovations during water test or other grant-funded promotions. Work with regional EH workers to expand their septic system programs.

Strategy Type  
 Environmental / Policy / Systems Change

Who's Responsible

Public Environmental Health Manager; Webster County Health Dept; Iowa Dept of Environmental Health

Target Date

Mar 16, 2016

# Community Priority

## Immunization and Infectious Disease

**Goal #1** Achieve immunization coverage for all universally recommended vaccines

**National Alignment**

IID-1 Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases (HP2020)

**State Alignment**

2-2 An increase in the immunization coverage for all universally recommended vaccines for ages 19-35 months, adolescents, all adults, and adults over 65 years (IA HIP 2015)

**Objective 1-1** Increase recommended vaccine levels for children in age groups: 19 - 35 mos 4:3:1:3:3:1:4 (82%), adolescent 1 Td/Tdap, 2 Hep B, 2 MMR, 2 varicella, 1 meningococcal: (36%), adolescent 3 HPV (9%) served by Calhoun County providers by 10% annually. Increase rates of seasonal influenza vaccine for 6 mo thru 18 years from 26% to 36%.

Baseline Year	Baseline Value	Target Year	Target Value
2015	9 - 82%	2017	19 - 92%

**Strategy 1-1.1** Engage Calhoun County private health providers and regional public health partners in discussions related to IDPH Immunization Grant goals, objectives and work plans. Obtain confirmation or add options to grant-funded activities for current and future work plans.

Strategy Type  
Long-Lasting Protective Intervention

Who's Responsible

Public Health Immunization Program leaders and staff; Stewart Memorial Community Hospital clinicians, leadership and staff; 6-county regional public health partners who participate in grant-funded activities

Target Date

Jul 1, 2016

**Strategy 1-1.2** Develop private health system capacity for utilization of hospital-based home care staff and pharmacists at clinic and community-based sites as primary sources of vaccines for all local residents.

Strategy Type  
Environmental / Policy / Systems Change

Who's Responsible

Stewart Memorial Community Hospital clinicians and pharmacies, leadership and staff; Public Health Immunization Program leaders and staff

Target Date

Jan 1, 2017

**Strategy 1-1.3** Sustain current public health immunization program capacity at levels sufficient to increase immunization rates until expanded access by pharmacies can demonstrate system change.

Strategy Type  
Long-Lasting Protective Intervention

Who's Responsible

Public Health Immunization Program leaders and staff; Board of Health; Stewart Memorial Community Hospital clinicians and pharmacies, leadership and staff

Target Date

Mar 16, 2016

**Objective 1-2** Increase recommended vaccine levels in adults >18 for influenza (28%), pneumonia (39%), Tdap (65%) and herpes zoster (20%) served by Calhoun County providers by 10% annually.

Baseline Year	Baseline Value	Target Year	Target Value
2015	20% - 65%	2017	30% - 75%

**Strategy 1-2.1** Engage Calhoun County private health providers and regional public health partners in discussions related to IDPH Immunization Grant goals, objectives and work plans. Obtain confirmation or add options to grant-funded activities for current and future work plans.

Strategy Type  
Long-Lasting Protective Intervention

Who's Responsible

Public Health Immunization Program leaders and staff; Stewart Memorial Community Hospital clinicians, leadership and staff; 6-county regional public health partners who participate in grant-funded activities

Target Date

Jul 1, 2016

Strategy 1-2.2 Develop private health system capacity for utilization of hospital-based home care staff and pharmacists at clinic and community-based sites as primary sources of vaccines for all local residents.

Strategy Type

Environmental / Policy / Systems Change

Who's Responsible

Stewart Memorial Community Hospital clinicians and pharmacies, leadership and staff; Public Health Immunization Program leaders and staff

Target Date

Jan 1, 2017

Strategy 1-2.3 Sustain current public health immunization program capacity at levels sufficient to increase immunization rates until expanded access by pharmacies can demonstrate system change.

Strategy Type

Long-Lasting Protective Intervention

Who's Responsible

Public Health Immunization Program leaders and staff; Board of Health; Stewart Memorial Community Hospital clinicians and pharmacies, leadership and staff

Target Date

Jul 1, 2016

**Goal #2** Reduce outbreak rates of preventable infectious diseases

**National Alignment**

STD-1 Reduce the proportion of adolescents and young adults with chlamydia trachomatis (HP2020)

**State Alignment**

2-1.6 Increase the use of an after-action review process to evaluate 100% of food borne outbreak investigations (IA HIP 2015)

Objective 2-1 Decrease the proportion of sexually active persons 24 years and younger diagnosed with genital chlamydia and gonorrheal infections by 5% from 2016 through 2020.

Baseline Year	Baseline Value	Target Year	Target Value
2015	192	2020	175

Strategy 2-1.1 Refer persons to public clinic or assist to obtain appropriate health insurance coverage for STD screening. Provide preventative education at point of contact with persons 24 years and younger.

Strategy Type

Clinical Intervention

Who's Responsible

Stewart Memorial Community Hospital clinicians; Public Health Care Coordination staff; Center for Acute Disease Epidemiology (CADE); Epi Manual; NACCHO; CHRRM; Healthy People 2020; Iowa Health Improvement Plan; Title V - Title X grantees (Webster County Health Dept, New Opp, Inc)

Target Date

Jul 1, 2016

Strategy 2-1.2 Refine use of Star Rating Quality Measures to measure performance.

Strategy Type

Clinical Intervention

Who's Responsible

Stewart Memorial Community Hospital clinicians and staff; Public Health Care Coordination staff

Target Date

Mar 16, 2016

Strategy 2-1.3 Conduct mass media educational campaign to promote routine and periodic reproductive health screenings at a medical home.

Strategy Type

Address Social Determinant / Health Inequity

Who's Responsible

Stewart Memorial Community Hospital clinicians and staff; Public Health Care Coordination staff; Title V - Title X grantees (Webster County Health Dept, New Opp, Inc)

Target Date

Mar 16, 2016

Objective 2-2 Reduce the number of IDSS cases of food and waterborne diseases by 25% from 2015 to 2017.

Baseline Year	Baseline Value	Target Year	Target Value
2015	18	2017	13

Strategy 2-2.1 Conduct mass media educational campaigns re food and water safety that prevents transmission of reportable disease; initiate poster contests in schools

Strategy Type  
Address Social Determinant / Health Inequity

Who's Responsible  
Public Environmental Health Program Manager; schools

Target Date  
Mar 16, 2016

# Community Priority

## Community Emergency Preparedness and Response

<b>Goal #1</b> Support a system of public and private partners that prepare for, respond to and recover from events that exceed individual capabilities.	National Alignment	State Alignment
	Goal: Improve the Nation's ability to prevent, prepare for, respond to, and recover from a major health incident (HP2020)	9-1.3 Provide evidence that all 99 county public health agencies have joined or formed health care coalitions with appropriate local partners to provide a comprehensive, sustained response to public health emergencies (IA HIP 2015)

<b>Objective 1-1</b> Coalition partners maintain current records of completed certificates of basic Incident Command System training requirements for new staff and renewal requirements for existing staff.	Baseline Year	Baseline Value	Target Year	Target Value
	2015	572 current certificates of completion	2016	100 new and renewed certificates of completion

Strategy 1-1.1	Develop annual schedule of required education and training for all responders and volunteers offering a variety of venues.	<u>Strategy Type</u> Environmental / Policy / Systems Change
	<u>Who's Responsible</u> HealthCare Coalition Officers and members	<u>Target Date</u> Mar 11, 2016

Strategy 1-1.2	Assess for, procure and securely store adequate supplies and equipment to carry out response and recovery roles and responsibilities.	<u>Strategy Type</u> Environmental / Policy / Systems Change
	<u>Who's Responsible</u> HealthCare Coalition Officers and members	<u>Target Date</u> Mar 11, 2016

Strategy 1-1.3	Develop and maintain shelters fully accessible to persons with disabilities.	<u>Strategy Type</u> Environmental / Policy / Systems Change
	<u>Who's Responsible</u> HealthCare Coalition Officers and members; city councils; private business	<u>Target Date</u> Mar 11, 2016

Strategy 1-1.4	Maintain and update redundant methods of sharing information and communicating alerts and warnings that are tested routinely.	<u>Strategy Type</u> Environmental / Policy / Systems Change
	<u>Who's Responsible</u> HealthCare Coalition Officers and members; City Councils; Law Enforcement; Fire Depts; EMS; local media; volunteers; general public	<u>Target Date</u> Mar 11, 2016

# Community Priority

## Investments to strengthen the local health infrastructure

<b>Goal #1</b>	Improve access to quality health services and support	National Alignment	State Alignment			
		AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medications (HP2020)	1-3 Increase the proportion of people who have one person as a health provider (IA HIP 2020)			
<b>Objective 1-1</b>	Reduce the number of persons who are unable to obtain or delay obtaining necessary medical care by 5% by 2020.	Baseline Year	Baseline Value	Target Year	Target Value	
		2015	7%	2020	2%	
Strategy 1-1.1	Develop expanded access to local clinicians at 4 local clinics.	<u>Strategy Type</u> Environmental / Policy / Systems Change		<u>Target Date</u> Jul 20, 2016		
	<u>Who's Responsible</u> HIP work group; Stewart Memorial Community Hospital Leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City)					
Strategy 1-1.2	Develop redundant systems and services to transport persons without other means to their health and medical appointments.	<u>Strategy Type</u> Environmental / Policy / Systems Change		<u>Target Date</u> May 18, 2016		
	<u>Who's Responsible</u> HIP work group; Board of Health; Calhoun County General & Veteran's Assistance; EMS; local business leaders					
Strategy 1-1.3	Increase utilization of Care Coordination services that link public and private resources and provide a safety net for individuals and families with complex health and social needs.	<u>Strategy Type</u> Address Social Determinant / Health Inequity				
	<u>Who's Responsible</u> Public Health Care Coordinators; Stewart Memorial Community Hospital Leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City)	<u>Target Date</u> Mar 16, 2016				
Strategy 1-1.4	Increase utilization of Care Coordination services that assist with health insurance applications and navigation of health insurance coverage for individuals and families, ideally before health services are provided. If service cannot be delayed, assist individuals and families obtain temporary free or reduced-fee services through public / community health programs.	<u>Strategy Type</u> Counseling & Education				
	<u>Who's Responsible</u> Public Health Care Coordinators; Stewart Memorial Community Hospital Leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City)	<u>Target Date</u> Mar 16, 2016				
<b>Goal #2</b>	Expand development of patient-centered medical home concept for all ages.	National Alignment	State Alignment			
		AHS-3 Increase the proportion of persons with a usual primary care provider (HP2020)	1-1.8 Continue to advance patient-centered medical homes in Iowa (IA HIP 2015)			

Objective 2-1	Increase the proportion of children and youth who have a specific source of on-going care that follows Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) recommendations (including substance use and emotional/mental well-being) for persons 17 years and under by 5% annually.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	TBD # Wellness office visits for children 17 years old and younger	2020	5% annual increase from baseline

Strategy 2-1.1 Utilize EHR to identify children and youth 17 years and younger currently served by local clinicians and conduct outreach to recommend annual or age-appropriate wellness exams and screenings. Utilize Star Rating Quality Measures to measure performance.

Strategy Type  
Environmental / Policy / Systems Change

Who's Responsible  
Stewart Memorial leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City); Public Health Medical Home staff and Care Coordinators; health insurance companies/MCO's

Target Date  
Jul 20, 2016

Strategy 2-1.2 Increase utilization of Care Coordination services that assist with health insurance applications and navigation of health insurance coverage for individuals and families, ideally before health services are provided. If service cannot be delayed, assist individuals and families to obtain temporary free or reduced-fee services through public / community health programs.

Strategy Type  
Counseling & Education

Who's Responsible  
Stewart Memorial leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City); Public Health Medical Home staff and Care Coordinators; health insurance companies/MCO's

Target Date  
Mar 16, 2016

Objective 2-2	Increase the proportion of adults who have a specific source of on-going care that follows The Community Guide / Health Insurance coverage wellness screening recommendations (including substance use and emotional/mental well-being) for persons 18 to 64 years by 5% annually.	Baseline Year	Baseline Value	Target Year	Target Value
		2015	TBD # Wellness office visits for adults 18-64 years of age	2020	5% annual increase from baseline

Strategy 2-2.1 Utilize EHR to identify adults 18 to 64 years of age currently served by local clinicians and conduct outreach to recommend annual or age-appropriate wellness exams and screenings. Utilize Star Rating Quality Measures to measure performance.

Strategy Type  
Environmental / Policy / Systems Change

Who's Responsible  
Stewart Memorial leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City); Public Health Medical Home staff and Care Coordinators; health insurance companies/MCO's

Target Date  
Jul 20, 2016

Strategy 2-2.2 Increase utilization of Care Coordination services that assist with health insurance applications and navigation of health insurance coverage for individuals and families, ideally before health services are provided. If service cannot be delayed, assist individuals and families to obtain temporary free or reduced-fee services through public / community health programs.

Strategy Type  
Counseling & Education

Who's Responsible

Stewart Memorial leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City); Public Health Medical Home staff and Care Coordinators; health insurance companies/MCO's

Target Date

Mar 16, 2016

Objective 2-3 Increase the proportion of adults who have a specific source of on-going care that follows Medicare wellness screening recommendations (including substance use and emotional/mental well-being) for persons older than 65 years by 5% annually.

Baseline Year	Baseline Value	Target Year	Target Value
2015	# Wellness office visits for adults older than 65 years of age	2020	5% annual increase from baseline

Strategy 2-3.1 Utilize EHR to identify adults 18 to 64 years of age currently served by local clinicians and conduct outreach to recommend annual or age-appropriate wellness exams and screenings. Utilize Star Rating Quality Measures to measure performance.

Strategy Type  
Environmental / Policy / Systems Change

Who's Responsible

Stewart Memorial leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City); Public Health Medical Home staff and Care Coordinators; health insurance companies/MCO's

Target Date

Jul 20, 2016

Strategy 2-3.2 Increase utilization of Care Coordination services that assist with health insurance applications and navigation of health insurance coverage for individuals and families, ideally before health services are provided. If service cannot be delayed, assist individuals and families to obtain temporary free or reduced-fee services through public / community health programs.

Strategy Type  
Counseling & Education

Who's Responsible

Stewart Memorial leadership and clinicians; Manson Family Health Clinic; NH Medical Clinic (Rockwell City); Public Health Medical Home staff and Care Coordinators; health insurance companies/MCO's

Target Date

Mar 16, 2016

**Goal #3** Achieve accreditation-levels, standards development or strategic planning for programs and services

National Alignment

Goal: To ensure that Federal, State, Tribal and local health agencies have the necessary infrastructure to effectively provide essential public health services (HP2020)

State Alignment

1-1.1 Provide local boards of health and local public health agencies in Iowa with information and tools necessary to prepare for changes in the health care delivery system and to implement the changes in response to the Affordable Care Act and new health care environment (IA HIP 2015)

**Objective 3-1** Pursue Public Health Accreditation Board quality indicators for Domain standards and performance measures.

Baseline Year	Baseline Value	Target Year	Target Value
2016	PHAB pre-application process	2017	PHAB application approval

**Strategy 3-1.1** Complete Calhoun County Public Health Gaining Ground grant projects for: Strategic planning, Community Health Needs Assessment & Health Improvement planning, Quality Improvement planning, and Workforce development planning.

Strategy Type  
Environmental / Policy / Systems Change

Who's Responsible  
Public Health Administrator & Coordinator, Program Managers and staff; Board of Health

Target Date  
Mar 31, 2016

**Strategy 3-1.2** Reduce the burden on the administrative volunteer EMS community by providing quality, efficient, and effective EMS that is responsive to the organizational needs noted in Calhoun County's EMS System Standard Self-Assessment.

Strategy Type  
Environmental / Policy / Systems Change

Who's Responsible  
Calhoun County EMS Director and staff; Stewart Memorial Community Hospital; Board of Health; EMS Advisory Council; Calhoun County volunteer services

Target Date  
Mar 16, 2016

**Strategy 3-1.3** As provider of safety net and gap filling services, continue efforts to communicate and exchange information electronically and securely with other health providers through the Iowa Health Information Network or comparable secure system (Epic-Link).

Strategy Type  
Environmental / Policy / Systems Change

Who's Responsible  
Iowa e-Health Executive Committee and Advisory Council; Public Health Program Managers and staff; local and regional hospitals and clinics

Target Date  
Jul 20, 2016

**Strategy 3-1.4** Support recommendations from the Calhoun County Task Force to Rolling Hills Behavioral and Mental Health Regional officials for local service development through funding and membership participation.

Strategy Type  
Clinical Intervention

Who's Responsible  
Calhoun County Board of Supervisors; Calhoun County Task Force representatives; Stewart Memorial Community Hospital and clinicians; Law Enforcement; County Attorney

Target Date  
Mar 16, 2016

**Goal #4** Community-wide awareness of emerging strategies to address social determinants of health that keep people in poverty.

**National Alignment**

Goal: Create social and physical environments that promote good health for all (HP2020)

**State Alignment**

Iowa's Civil Rights History: Ensuring that everyone who lives in the state has an opportunity for optimum health is part of the tradition. Therefore, health equity clearly undergirds the objectives of this plan (IA HIP 2015)

**Objective 4-1** Organize a county and/or regional "Coalition" dedicated to comprehensive strategies that will increase understanding of collaborative action to address inequitable social determinants of health.

Baseline Year	Baseline Value	Target Year	Target Value
2015	0 coalitions	2020	1 coalition

Strategy 4-1.1 Begin dialogue with existing groups to determine feasibility of Coalition. Begin research for models of evidence-based strategies.

Strategy Type

Environmental / Policy / Systems Change

Who's Responsible

HIP work group; Inter-agency Council; Board of Health; Board of Supervisors; Law Enforcement; County Attorney

Target Date

Jan 1, 2017